



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3749

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/762,160 | <b>FILING OR 371(c) DATE</b><br>01/20/2004<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3766 | <b>ATTORNEY DOCKET NO.</b><br>A04P1005 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

Mark W. Kroll, Simi Valley, CA;

\*\* CONTINUING DATA \*\*\*\*\* *none*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/26/2004

|   |   |                               |                            |                           |                                |
|---|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>30 | <b>INDEPENDENT CLAIMS</b><br>6 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |                               |                            |                           |                                |

## ADDRESS

36802

## TITLE

Bifocal cardiac stimulation device and methods

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1208 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|